| a Employe   | e's social security number | OMB No. 1545   |  | Safe, accurate,<br>FAST! Use  | √ file                        | Visit the IRS website www.irs.gov/efile |  |
|---|----------------------------|----------------|--|-------------------------------|-------------------------------|---|--|
| <b>b</b> Employer identification number (EIN)       |                            |                | 1 Wag  | ges, tips, other compensation | 2 Federal income tax withheld |   |  |
| c Employer's name, address, and ZIP code            |                            |                | <b>3</b> Soc   | cial security wages           | 4 Social                      | security tax withheld                   |  |
|   |                            |                | <b>5</b> Me  | dicare wages and tips         | 6 Medic                       | are tax withheld                        |  |
|   |                            |                | <b>7</b> Soc   | cial security tips            | 8 Alloca                      | ted tips                                |  |
| d Control number                                    |                            |                | 9  |                               | 10 Deper                      | ndent care benefits                     |  |
| e Employee's first name and initial Last name Suff. |                            |                | 11 Nonqualified plans  12a See instructions for box 12 |                               |                               | nstructions for box 12                  |  |
|   |                            |                |  | loyee plan sick pay           | 12b                           |   |  |
|   |                            |                | <b>14</b> Oth  | er                            | 12c                           |   |  |
|   |                            |                |  |                               | 12d                           |   |  |
| f Employee's address and ZIP code                   | T                          | 1 0            | <u> </u>   | I                             |                               |   |  |
| 15 State Employer's state ID number                 | 16 State wages, tips, etc. | 17 State incon | ne tax   | 18 Local wages, tips, etc.    | 19 Local inco                 | ome tax 20 Locality n                   |  |
|   |                            |                |  |                               |                               |   |  |

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| a Employe   | e's social security number | OMB No. 1545   |  | Safe, accurate,<br>FAST! Use  | √ file                        | Visit the IRS website www.irs.gov/efile |  |
|---|----------------------------|----------------|--|-------------------------------|-------------------------------|---|--|
| <b>b</b> Employer identification number (EIN)       |                            |                | 1 Wag  | ges, tips, other compensation | 2 Federal income tax withheld |   |  |
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|   |                            |                | <b>5</b> Me  | dicare wages and tips         | 6 Medic                       | are tax withheld                        |  |
|   |                            |                | <b>7</b> Soc   | cial security tips            | 8 Alloca                      | ted tips                                |  |
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|   |                            |                |  | loyee plan sick pay           | 12b                           |   |  |
|   |                            |                | <b>14</b> Oth  | er                            | 12c                           |   |  |
|   |                            |                |  |                               | 12d                           |   |  |
| f Employee's address and ZIP code                   | T                          | 1 0            | <u> </u>   | I                             |                               |   |  |
| 15 State Employer's state ID number                 | 16 State wages, tips, etc. | 17 State incon | ne tax   | 18 Local wages, tips, etc.    | 19 Local inco                 | ome tax 20 Locality n                   |  |
|   |                            |                |  |                               |                               |   |  |

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